

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535582 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51							
2	/		/				52							
3	2		/				53							
4	1		/				54							
5	1						55							
6	/		/				56							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL REQ.		↓	2	↓		↓	TOTAL REQ.		↓	↓	↓			
TOTAL REQ.		←	6	←		←	TOTAL REQ.		←	←	←			
TOTAL CLAIMS		[REDACTED]	8	[REDACTED]			TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]			